

## Kids Plus™ Accident Insurance

Our school board is offering you the opportunity to voluntarily purchase student accident insurance through the Kids Plus™ Accident Insurance program, underwritten by Industrial Alliance Insurance and Financial Services Inc.

Kids Plus™ Accident Insurance provides protection against unexpected costs arising from accidental injuries. The program is especially valuable for families who:

- do not have medical or dental plans,
- have limited plans, as it may help supplement health and dental benefits, or
- have active children who enjoy sports and outdoor activities.

Kids Plus™ Accident Insurance has a selection of plans to suit most budgets. Benefits include coverage for:

- The full school year (September to September), 24 hours a day, while at home and school;
- Expenses that are often limited or not covered by private or group insurance plans, or Provincial Health Insurance Plans, such as ambulance, physiotherapy, private tutoring, counselling, and much more;
- Injury-related dental treatment (including future dental treatment up to age 26);
- Out-of-province or country emergency medical expenses.

If your address changes during the school year, your Kids Plus™ Accident Insurance plan is transferable from school to school, anywhere in Canada.

Insurance premiums for children are \$13.50 or \$31.95 per year, depending on the plan selected. A discount is available for families with 3 or more children. Adults age 20 to 64 can also be insured for \$27.50 per year.

For more information or to apply online, please visit [www.kidsplus.ca](http://www.kidsplus.ca), or speak with a Kids Plus™ Client Service Administrator at **1-800-556-7411**.



BENEFIT SUMMARY This Benefit Summary forms part of the Policy.	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
	Child only	Child only	Adult only
<b>Dental Treatment and Eyewear</b>			
Dental treatment within 7 years following Accident for Children (1 year for Adults) [BENEFIT NUMBER 1]	ProvFeeGuide	ProvFeeGuide	ProvFeeGuide
Dental treatment after 7 years following Accident for Children [BENEFIT NUMBER 1]	\$1,500	\$1,250	not available
Dental Implants (each) [BENEFIT NUMBER 1]	\$1,750	\$1,500	\$1,250
Orthodontics [BENEFIT NUMBER 1]	\$2,500	\$1,500	\$2,000
Dentures and artificial teeth [BENEFIT NUMBER 2]	\$500	\$500	\$500
Eyeglasses/contact lenses: Repair/replacement [BENEFIT NUMBER 3]	\$350	\$300	\$250
Eyeglasses/contact lenses: Initial purchase when not previously required or worn [BENEFIT NUMBER 3]	Full Cost	Full Cost	\$300
<b>Fracture, Dislocation or Surgery</b>			
Skull (depressed) or spine (three or more vertebrae) [BENEFIT NUMBER 4]	\$1,000	\$750	\$750
Skull (not depressed) or spine (less than three vertebrae) or pelvis [BENEFIT NUMBER 4]	\$500	\$250	\$250
Arm between elbow and shoulder, or thigh, or hip, or shoulder blade, or shoulder [BENEFIT NUMBER 4]	\$175	\$150	\$150
Lower leg, or knee cap, or ankle, or calcaneus (heel bone), or bone(s) of the feet (metatarsals) or hand(s) (metacarpals), or collar bone, or forearm, or wrist, or elbow [BENEFIT NUMBER 4]	\$125	\$100	\$100
Sternum, or sacrum/coccyx, or upper jaw, or lower jaw, or nose, or two or more toes, fingers or ribs [BENEFIT NUMBER 4]	\$75	\$50	\$50
One toe, finger or rib, or any bone not specified above [BENEFIT NUMBER 4]	\$50	\$25	\$25
Surgery for: severed tendon(s) or burns (requiring skin graft), or ruptured kidney/liver/spleen, or punctured lung, or knee (when there is no fracture or dislocation), or eye surgery, or emergency surgery requiring general anaesthetic (excluding dental surgery) [BENEFIT NUMBER 4]	\$150	\$100	\$100
<b>Hospital, Paramedical, Counselling, and Prosthetics</b>			
Private or semi-private room while in hospital; ground ambulance service; registered nurse or certified nursing aid if requested by attending physician; rental of crutches, appliances, wheelchair, or hospital-type bed (limited to purchase price); prescription drugs; splints, casts and cast materials, trusses, pressure garments requested by attending Physician for curative or therapeutic purposes only [BENEFIT NUMBER 5]	Full Cost	Full Cost	Full Cost
Rental of TV, radio, or telephone while in hospital [BENEFIT NUMBER 5]	\$25/day	\$20/day	\$15/day
Treatment by a physiotherapist or registered massage therapist when requested by the attending Physician; treatment by a chiropractor or osteopath; medical supplies for the purpose of dressing changes when prescribed by the attending Physician [BENEFIT NUMBER 5]	\$800	\$600	\$400
Braces prescribed by the attending Physician for curative or therapeutic purposes only (limited to one purchase per Injury) [BENEFIT NUMBER 5]	\$1,250	\$1,000	\$500
Counselling [BENEFIT NUMBER 6]	\$1,000	\$500	\$500
Purchase of artificial limbs, eyes, hearing aids, and other prosthetic appliances [BENEFIT NUMBER 7]	\$5,000	\$5,000	\$5,000
Commercial repair of a prosthetic appliance [BENEFIT NUMBER 7]	\$500	\$500	\$500
<b>Travel and Transportation</b>			
Emergency Out-of-Province/Country medical expenses [BENEFIT NUMBER 8]	\$100,000	\$50,000	\$25,000
Emergency Return Flight [BENEFIT NUMBER 9], Family Transportation [BENEFIT NUMBER 10]	\$1,000	not available	not available
Above is for Injury and Sickness?	Both	Injury only	Injury only
Emergency Transportation [BENEFIT NUMBER 11]	\$250	\$250	\$250
Special Treatment Travel [BENEFIT NUMBER 12]	\$2,500	\$2,500	\$2,500
<b>Death or Disability</b>			
Accidental Death [BENEFIT NUMBER 13]	\$20,000	\$7,500	\$10,000
Double Indemnity [BENEFIT NUMBER 13]	\$40,000	\$15,000	\$20,000
Non-Accidental Death [BENEFIT NUMBER 14]	\$20,000	\$7,500	not available
Repatriation [BENEFIT NUMBER 15]	\$5,500	\$5,500	\$5,500
Permanent Total Disability [BENEFIT NUMBER 16]	\$360,000	\$75,000	not available
Confinement Disability [BENEFIT NUMBER 17]	\$750/month	\$500/month	not available
Rehabilitation [BENEFIT NUMBER 18]	\$10,000	\$5,000	\$2,500
Private Tutor [BENEFIT NUMBER 19]	\$5,000	\$2,500	not available
Wage Loss [BENEFIT NUMBER 20]	\$1,000	not available	not available
Babysitting [BENEFIT NUMBER 21]	\$100	\$50	not available
<b>Dismemberment or Total and Permanent Loss of Use</b>			
Both hands, or both feet, or one hand and one foot, or one hand or one foot and entire sight of one eye, or entire sight of both eyes, or speech and hearing [BENEFIT NUMBER 22]	\$200,000	\$50,000	\$50,000
One entire arm or leg, or one hand or foot, or entire sight of one eye, or speech, or hearing in both ears [BENEFIT NUMBER 22]	\$60,000	\$20,000	\$20,000
Entire thumb and index finger (same hand) [BENEFIT NUMBER 22]	\$30,000	\$10,000	\$10,000
Thumbs, fingers, or toes (each entire thumb, finger, or toe) [BENEFIT NUMBER 22]	\$4,000	\$1,000	\$1,000
One entire phalanx of any one finger, or hearing in one ear [BENEFIT NUMBER 22]	\$2,000	\$500	\$500
<b>Critical Illness</b>			
Hospital services or nursing expenses [BENEFIT NUMBER 23]	\$12,600	\$5,600	not available
Commercial accommodation/meals, travel/parking [BENEFIT NUMBER 23]	\$2,900	\$2,900	not available

# KIDS PLUS™ ACCIDENT INSURANCE ENROLMENT FORM

Please complete in full and print

This school board distributes enrolment forms for Kids Plus™ Accident Insurance every September. You can also use this form at any point in the school year to enrol your children and yourself in the program.

For complete plan details, please visit [www.kidsplus.ca](http://www.kidsplus.ca).

School Board or Name of School

## CONTACT INFORMATION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN IF ENROLLING A CHILD/CHILDREN

Last Name	First Name		
<input type="text"/>	<input type="text"/>		
Telephone			
<input type="text"/>			
Street Address	City	Prov.	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Language Preference		
<input type="text"/>	<input type="radio"/> English <input type="radio"/> French		

Yes, Industrial Alliance may contact me electronically with information regarding its products, promotions and services. (You can withdraw your consent and unsubscribe at anytime by emailing us at [kidsplus@inalco.com](mailto:kidsplus@inalco.com) and putting the word "unsubscribe" in the subject heading of your email.)

**DON'T ENROL TWICE! NOTE:** No need to complete if you have submitted your renewal application.

## INDIVIDUALS TO BE COVERED THIS AREA MUST BE COMPLETED

Last Name	First Name	Date of Birth (dd-mmm-yyyy)	Age	Sex	Insured Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult

## PLAN CHOICE THIS AREA MUST BE COMPLETED


INSURED TYPE	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
<b>CHILD</b> (each) [6 months to 19 years of age]	<input type="radio"/> \$ 31.95 <b>OR</b>	<input type="radio"/> \$ 13.50	N/A
<b>THREE OR MORE CHILDREN</b> [6 months to 19 years of age]	<input type="radio"/> \$ 87.90 <b>OR</b>	<input type="radio"/> \$ 37.25	N/A
<b>ADULT</b> (each) [20 – 64 years of age]	N/A	N/A	<input type="radio"/> \$ 27.50
<b>Total One-Time Cost</b> \$			

All rates shown are single, one-time premium payment.


**PAYMENT INFORMATION** PLEASE DO NOT SEND CASH

Please choose one of the following payment options:

**Cheque/Money Order** – made payable to INDUSTRIAL ALLIANCE.

 Cardholder Name \_\_\_\_\_ Credit Card Number \_\_\_\_\_ Expiry Date (mmm-yyyy) \_\_\_\_\_

**OR**

 \_\_\_\_\_

**AUTHORIZATION** FORM MUST BE SIGNED IN INK

I acknowledge receipt of the Notice on Privacy and Confidentiality (Page 3) concerning privacy practices and consent to collection, use and disclosure of my personal information for the purposes specified.

**X** \_\_\_\_\_

**Signature of Contact Person** \_\_\_\_\_ **Date (dd-mmm-yyyy)** \_\_\_\_\_  
(must always sign)

**PLEASE SEND YOUR COMPLETED FORM TO:**

Industrial Alliance Insurance and Financial Services Inc.  
Special Markets Solutions  
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6  
Or Fax Toll-Free 1-888-553-5433

**QUESTIONS?**

Contact Industrial Alliance toll-free at **1-800-556-7411**,  
Monday to Friday from 6:30 a.m. to 4:30 p.m. PST  
or by email at **kidsplus@inalco.com**

FOR OFFICE USE ONLY	
Board/School Name  _____	
Board Number  _____	Policy Number  _____
Date Received (dd-mmm-yyyy)  _____	Processed by  _____

# KIDS PLUS™ ACCIDENT INSURANCE INFORMATION SHEET

Please read carefully  
and retain for your records

## IMPORTANT INFORMATION ABOUT YOUR KIDS PLUS™ ENROLMENT

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1. Industrial Alliance will mail you your policy documents once your enrolment has been processed.
2. Coverage is effective the date your completed enrolment and payment are received by Industrial Alliance (but not before September 1, 2014) and expires September 30, 2015.
3. Rates shown are a single one-time annual cost. Industrial Alliance offers a 30 day money back guaranteed from your effective date.

## NOTICE ON PRIVACY & CONFIDENTIALITY

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The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. employees, its reinsurers, third party administrators, mandataries, agents or brokers of Industrial Alliance, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for (a) sponsoring a plan for you, (b) marketing and administration of products or services, (c) assessment of risk (underwriting) and (d) investigation of claims. **Your file will be kept in Industrial Alliance's offices.**

**You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at:** 2165 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found at our website [www.kidsplus.ca](http://www.kidsplus.ca) or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.

## UNDERWRITTEN BY:

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Industrial Alliance Insurance and Financial Services Inc.  
Special Markets Solutions  
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

## QUESTIONS?

Contact Industrial Alliance toll-free at **1-800-556-7411**,  
Monday to Friday from 6:30 a.m. to 4:30 p.m. PST  
or by email at [kidsplus@inalco.com](mailto:kidsplus@inalco.com)